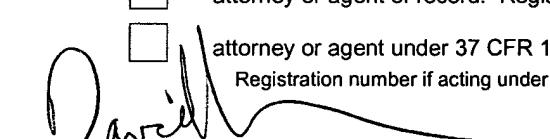


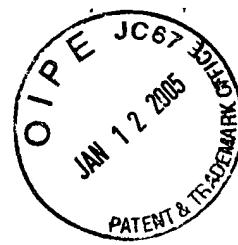
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 03331/1201982-US1 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------|---|-------------|------------|-------------------------|----|--|-------|------|----|---|-------|-------|----|---|--------|-------|----|---|--------|-------|-------------|--|--------|--------|----|
| Application Number | 09/664,755-Conf. #5136 | Filed September 19, 2000 | | | | | | | | | | | | | | | | | | | | | | | | |
| For COMMUNICATION MANAGEMENT SYSTEM FOR COMPUTER NETWORK-BASED TELEPHONES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit | 2153 | Examiner D. C. Dinh | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;"></th> <th style="text-align: center; padding: 5px;"><u>Fee</u></th> <th style="text-align: center; padding: 5px;"><u>Small Entity Fee</u></th> <th style="text-align: right; padding: 5px;">\$</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center; padding: 5px;">\$120</td> <td style="text-align: center; padding: 5px;">\$60</td> <td style="text-align: right; padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center; padding: 5px;">\$450</td> <td style="text-align: center; padding: 5px;">\$225</td> <td style="text-align: right; padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center; padding: 5px;">\$1020</td> <td style="text-align: center; padding: 5px;">\$510</td> <td style="text-align: right; padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center; padding: 5px;">\$1590</td> <td style="text-align: center; padding: 5px;">\$795</td> <td style="text-align: right; padding: 5px;">\$ 1,590.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center; padding: 5px;">\$2160</td> <td style="text-align: center; padding: 5px;">\$1080</td> <td style="text-align: right; padding: 5px;">\$</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u>. I have enclosed a duplicate copy of this sheet. </p> | | | | <u>Fee</u> | <u>Small Entity Fee</u> | \$ | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ 1,590.00 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| | <u>Fee</u> | <u>Small Entity Fee</u> | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ 1,590.00 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,195</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.</p> <p style="text-align: center;"> Signature</p> <p>David Leason Typed or printed name</p> <p style="text-align: right;">January 12, 2005 Date</p> <p style="text-align: right;">(212) 527-7700 Telephone Number</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |

01/19/2005 LWONDIMI 00000076 09664755

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Express Mail Label No. _____ Dated: _____

**AMENDMENT TRANSMITTAL LETTER**Docket No.
03331/1201982-US1

| | | | |
|---|-----------------------------------|------------------------|------------------|
| Application No. 09/664,755-Conf. #5136 | Filing Date September 19, 2000 | Examiner D. C. Dinh | Art Unit 2153 |
|---|-----------------------------------|------------------------|------------------|

Applicant(s): Mordechai Nisani et al.

Invention: COMMUNICATION MANAGEMENT SYSTEM FOR COMPUTER NETWORK-BASED
TELEPHONES**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|---|--|---|-----------------------------------|------|----------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 10 | - 20 = | | x | |
| Independent Claims | 1 | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within fourth month | | | | | 1,590.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 1,590.00 |

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 1,590.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.David Leason
Attorney Reg. No.: 36,195DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7700

Dated: January 12, 2005

Express Mail Label No. _____
Dated: _____